CASES

TCTAP C-064

PCI to Treat Left Main Coronary Artery Occlusion

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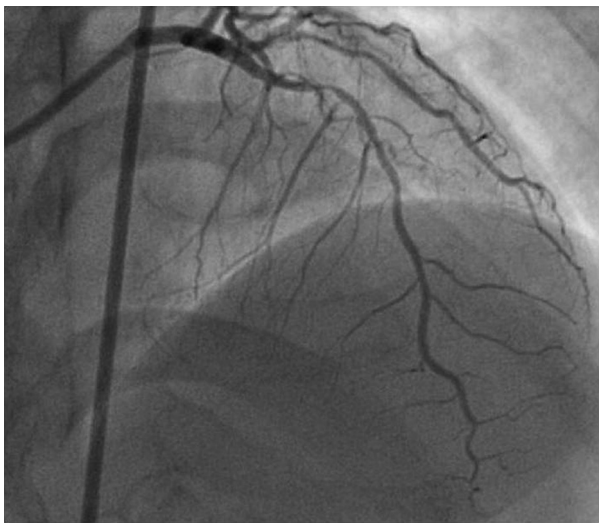
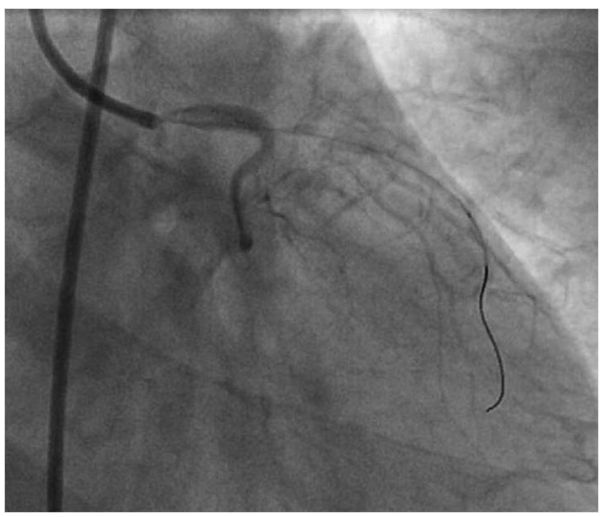
First Affiliated Hospital of Tsinghua University, China

[Clinical Information]
Patient initials or identifier number:
Junfeng Gao
Relevant clinical history and physical exam:
Hypotension, DM
Physical examination in normal
Fifty-eight years old male patient
Chief Complain: Chest pain for 6 hours
Present History: He had chest pain after physical exercises for six hours.
Past History: He had no hypertension or diabetic mellitus, but he had cigarette smoke for more than 30 years, average 40.
Relevant test results prior to catheterization:
CKMB and TNT are elevated.
Relevant catheterization findings:
Coronary Angiography Results: The left main coronary artery was occluded, and there was collateral circulation from right coronary artery to the left main coronary artery.
What We Do Next: PCI to treat the left maim lesion or to transfer the patient to Cardiac surgery for CABG operation?
[Interventional Management]
Procedural step:
6F EBU GW
BMW WIRE
RUNTHROUGH
2-5-20mm sprinter balloon
Firebird stent (3.5-24mm)
Excel stent (3.0-18)
Final kiss





TCTAP C-065

LM Dissection

Paramdeep Singh Sandhu
GGS Medical College, India

[Clinical Information]
Patient initials or identifier number:
RSS
Relevant clinical history and physical exam:
52 yr male
Non diabetic, non hypertensive
Presented with ACS – Unstable angina class III B
Relevant test results prior to catheterization:
EKG: ST Flattening in precordial leads
normal cardiac enzymes
ECHO no Regional wall motion abnormality, Normal LV function
Relevant catheterization findings:
LAD mid 90%
[Interventional Management]
Procedural step:

1. XB 3.5 7F guide
2. BMW WIRE
3. Predilation with 2*12mm compliant balloon
4. LM dissection
5. Tried to wire Lcx with BMW
6. 2.5*38mm DES, LM TO LAD
7. 3.5*12mm NC balloon postdilation
8. Edge dissection in LAD
9. 2.25*18 mm DES